



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FOR HAWAII

(Type or Print Clearly) PARTI LOBBYIST NAME (Last) (First) (Middle) TELEPHONE Н Ann 808-351-6000 Chung MAILING ADDRESS (Street) FAX 808-523-7668 841 Bishop Street, Suite 1110 **EMAIL** achung@navatekitd.com (City) (State) (Zip Code) HI 96813 Honolulu EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE FAX MAILING ADDRESS (Street) **EMAIL** (State) (Zip Code) (City)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	FAX 808-523-7668 EMAIL achung@navalekltd.com		
Navatek Ltd.			
MAILING ADDRESS (Street)			
841 Bishop Street, Suite			
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE	TELEPHONE		
Ann Chung		808-351-6000	
MAILING ADDRESS (Street)	FAX 808-523-7668		
841 Bishop Street, Suite	EMAIL achung@navateklld.com		
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture		Education		Human Services	Science, Technology & Economic Development	
Communications Public Utilities	& =	Government Operation & Finance		Intergovernmental Relations. International Affairs	Tourism & Recreation	
Consumer Protect Commerce	ction &	Hawaiian Affairs	Ø i	Labor & Employment	✓ Transportation	
Culture, Arts, His Preservation	toric	Health		Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Pr	otection	Housing		Public Safety & Corrections		
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
4/1/3						
(School of Labbridge)					(Data)	
(Signature of Lobbyist) (Date)						
NAME	PART V AUTHORIZATION TO LÓBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Michael Schmi	cker	Vice President				
NAME OF ORGANI	ZATION (if applica	able)			TELEPHONE	
Navatek Ltd.				808-531-7001		
THE VOICE LCG.					000 001 7001	
MAILING ADDRESS	S (Street)				FAX 808-523-7668	
841 Bishop Street, Suite 1110			IF:	EMAIL nkao@navatekltd.com		
(City)		(State)			(Zip Code)	
Honolulu		HI			96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Quioled (11 4/14/13						
(Signature of Authorizing Officer or Person Represented)				(Date)		

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